

3000026372 5/17/13

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsOfDate 05/09/2013

Voucher Vchr VchrLineDescr

Number	Line	Line#	Description	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
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00335071	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	NASH	GAYLE-001	2013	05	0000099683	Nash, G. 4.24-4.	200.00
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Total For Voucher 200.00

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500  
 Voucher ID: 00335071  
 Voucher Style: Regular

Invoice Number: Nash, G. 4.24-4.26.13  
 Invoice Date: 05/06/2013  
 Total: 200.00

Vendor: NASH, GAYLE C  
 1190 ST FRANCIS DR N 4100  
 SANTA FE, NM 87502

\*Pay Terms: Pay Now **Schedule Payments**

**Payment Information**

Scheduled Payment: 1

\*Remit to: 0000099443

Location: 001

\*Address: 1

NASH, GAYLE C  
 1190 ST FRANCIS DR N 4100  
 SANTA FE, NM 87502

Gross Amount: 200.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 05/06/2013

Net Due: 05/06/2013

Discount Due:

Accounting Date:

**Payment Method**

\*Bank: WFB10

\*Account: B

\*Method: ACH ACH

Message:

Message will appear on remittance advice.

[Messages](#)

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500 Invoice Number: Nash, G. 4.24.4.26.13  
 Voucher ID: 00335071 Invoice Date: 05/06/2013  
 Voucher Style: Regular Total: 200.00

**Voucher Processing**

☒ Post Voucher ☐ Close Voucher  
☒ Revalue Voucher ☐ Delete Voucher

**Accounting Instructions**

\*Accounting Template: STANDARD  Account At: Gross 

**Match Action**

\*Status: Ready   
☐ Pay UnMatched Voucher

**Transaction Currency**

\*Source: Tables  \*Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

**Voucher Approval**

\*Approval: Specify at this Level  Business Process: PROCESS\_VOUCHERS   
 Approval Rule Set: Payment Approval Rule Set 1 

**Self Billing Invoice**

\*SBI Num Option: Group Vouchers (Auto-  SBI Number:

**Prepayment**

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

**Letter of Credit**

Letter of Credit ID:  

**Tax Group**

Saved

NAME  
DEPARTMENT OF HEALTHSTATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE	1	DATE	4/29/2013
AGENCY CODE	66500	VOUCHER NUMBER	00335071

[illegible]

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000/06105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima


<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting in ABQ to serve as Acting Hospital Administrator at SATC					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request:		04/22/13		Destination:		ABQ	
	Departure Date:		(month/day/yr) 04/24/13		Time:		06:00 AM	
	Return Date:		(month/day/yr) 4/26/13		Time:		06:00 PM	
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:								

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

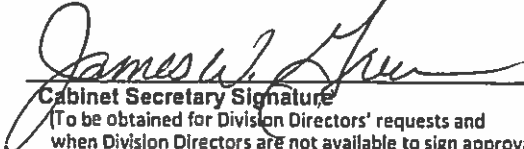
546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	2 @ \$85/day	\$ 170.00
546800: Registration – Vendor		Santa Fe Only:	@ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage	@ .44 per mile			\$ 0.00
Miscellaneous Expense:	days @ \$6 per day			\$ 0.00
Car Rental:	days @ per day			\$ 0.00
		Total reimbursement to employee		\$ 200.00
		Total cost of trip		\$ 200.00

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


5-2-2013  
 Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator  
 (As per specific division requirements) Date

  
 Cabinet Secretary Signature  
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)